

**CASH AID/FOOD STAMP ELECTRONIC BENEFIT TRANSFER - EBT  
REQUEST FOR A DESIGNATED ALTERNATE CARD HOLDER/AUTHORIZED REPRESENTATIVE**

CASE NAME:	WORKER NAME
CASE NUMBER:	DATE:

**INSTRUCTIONS:**

A Designated Alternate Card Holder/Authorized Representative is a responsible person that you trust. A Designated Alternate Card Holder/Authorized Representative will have an EBT card issued in their name and the card holder/authorized representative, you choose will have access to all your cash aid or food stamp EBT.

- Tell us the name and birthdate of the person you want to be a Designated Alternate Card Holder/Authorized Representative
- Sign and complete this form
- Send or bring in the form to your County Office

☐ Designated Alternate Card Holder ☐ Authorized Representative

☐ New ☐ Change ☐ Remove

NAME OF REQUESTED DESIGNATED ALTERNATE CARDHOLDER/AUTHORIZED REPRESENTATIVE	BIRTHDATE
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**CERTIFICATION:**

I understand the person I make Designated Alternate Card Holder/Authorized Representative will have access to ALL of my cash aid and/or food stamp EBT. The County is not responsible for lost or stolen benefits. I can change who can access my cash aid or food stamps by calling my County Worker.

SIGNATURE	PHONE	DATE
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To be signed by Designated Alternate Card Holder/Authorized Representative

I agree to be a Designated Alternate Card Holder/Authorized Representative. By using this card, I agree to the terms of the cash aid/food stamp Electronic Benefit Transfer - EBT program.

DESIGNATED ALTERNATE CARD HOLDER/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
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Report lost or stolen card IMMEDIATELY by calling toll free 1-877-328-9677.

**REMINDER**

It is **YOUR** responsibility to call the toll-free customer service telephone number (1-877-328-9677) to terminate another household member's, Designated Alternate Cardholder's, or Authorized Representative's access to your EBT account.